



# **Toward Data Driven Policy DEI Considerations**

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# DEI Considerations

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Away rotations

Video interviewing



# Away rotations

## Pros

UIM students may suffer from biased evaluations and an away rotation offers the opportunity to be seen objectively

UIM applicants need to establish the level of inclusiveness and belongingness of their potential future environments

UIM students can better gauge their level of competitiveness as applicants based on the response they receive to a request for an away rotation

UIMs who attend schools without a given specialty offering have the opportunity to experience the field and obtain mentors

## Cons

UIM students may suffer from the societal wealth gap between their marginalized group and the dominant culture and the expense incurred with an away rotation creates disproportionate hardship for them

There are a limited number of opportunities to do away rotations and there may be a disconnect between the medical school, which grants them, and the program, which is trying to match an applicant, that may disadvantage UIM applicants

There is limited time to do an away rotation and selection must be done early, so that if one experience is not good, there are too few remaining opportunities to execute an alternative plan



# Video interviews

## Pros

UIM applicants may be less resourced than their dominant culture peers. Video interviews do not result in travel costs. Less cost means students can afford to accept more interview opportunities, which may expand the likelihood of being ranked by programs that might otherwise have never seen them.

Lacking an in-person, boots-on-the-ground experience at an institution or in a program, the UIM applicant may only see what the program wishes them to see, masking the unvarnished nature of DEI in the environment. Often subtle observations, like how patients are scheduled, who the pictures in the hallways depict, what people they meet say about their lived experiences off-camera, and how non-program members of the institutional community treat them, is essential for a UIM candidate to make

## Cons

UIM students may suffer from the digital divide in their home locations since certain marginalized communities have faster and more stable internet service

There are a limited number of interview opportunities and since the cost will be less for all applicants, non-UIM candidates, of which there are many more, will also have the opportunity to interview at more programs. That “more desirable” candidates take up more interview opportunities may disadvantage UIM applicants.

Without a standardized background for interviews, there can be elements of social signaling that can disadvantage, or fail to advantage, a UIM applicant.



# Data reporting

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Data are reported differently by the three organizations in the Physician Data Summit (AMA, AAMC, ACGME)

AAMC reports multiple races in two different ways:

Unique category of multiple races where if an individual checked more than one category in the collection page, they will be put into a single multiple race category

No multiple race category, and instead a single individual is given a full category mark for each race selected (e.g., A single individual who checks Black, Asian and Native American categories at once will be counted as three people)

AMA reports as if ethnicity is either Hispanic or non-Hispanic, irrespective of race and (Brotherton and Etzel) even force fit Hispanic using name and US Census table and birth country



# Hispanic

Table 6. Race and Hispanic Ethnicity of Resident Physicians on Duty as of December 31, 2020, by Type of Medical School From Which They Graduated<sup>a</sup>

	No. (%)			Total
	US and Canadian allopathic	US osteopathic	Non-US	
<b>Race<sup>b</sup></b>				
American Indian/Alaska Native <sup>Ⓞ</sup>	171 (66.8)	38 (14.8)	47 (18.4)	256
Asian	19 833 (52.2)	4967 (13.1)	13 204 (34.7)	38 004
Black	5430 (63.9)	577 (6.8)	2485 (29.3)	8492
Native Hawaiian/Pacific Islander	79 (57.2)	23 (16.7)	36 (26.1)	138
White	51 267 (68.2)	14 418 (19.2)	9432 (12.6)	75 117
Multiracial	3121 (66.9)	690 (14.8)	856 (18.3)	4667
Other/unknown	8180 (45.8)	2777 (15.5)	6912 (38.7)	17 869
<b>Ethnicity<sup>b</sup></b>				
Hispanic	7761 (60.7)	1128 (8.8)	3905 (30.5)	12 794
Non-Hispanic	80 320 (61.0)	22 362 (17.0)	29 067 (22.1)	131 749
<b>Total<sup>c</sup></b>	<b>88 081</b>	<b>23 490</b>	<b>32 972</b>	<b>144 543</b>

Abbreviation: GME, graduate medical education.

<sup>a</sup> Includes resident physicians on duty as of December 31, 2020, reported through the 2020 National GME Census. A total of 55 programs (0.4%) did not provide updated information on residents by March 1, 2021. For these nonresponding programs, resident physicians reported from the last received survey were moved into their next year in the program or graduated.

<sup>b</sup> The 2020 National GME Census imported self-designated race and ethnicity from Association of American Medical Colleges databases where available.

"Multiracial" refers to residents who have self-identified as more than 1 race. A person of Hispanic ethnicity may be of any race. Race and Hispanic ethnicity were imputed for residents with missing values for race and Hispanic ethnicity for 2202 (1.5%) and 311 (0.2%) residents, respectively, using birth country and the US 2010 Census Surname Table, using names of 80% or greater known race or Hispanic ethnicity.

<sup>c</sup> These total data apply to each subsection separately (ie, total for race and total for ethnic origin).



# Hispanic

**Table 6. Race and Hispanic Ethnicity of Resident Physicians on Duty as of December 31, 2021, by Type of Medical School From Which They Graduated**

	Resident physicians by type of medical school, No. (%) <sup>a</sup>			Total
	US and Canadian allopathic	US osteopathic	Non-US	
<b>Race<sup>b</sup></b>				
American Indian/Alaska Native	175 (75.1)	41 (17.6)	17 (7.3)	233
Asian	20 218 (51.2)	5706 (14.5)	13 562 (34.3)	39 486
Black	5837 (62.1)	696 (7.4)	2873 (30.5)	9406
Native Hawaiian/Pacific Islander	69 (54.3)	17 (13.4)	41 (32.3)	127
White	51 364 (67.0)	15 771 (20.6)	9545 (12.4)	76 680
Multiracial <sup>c</sup>	3404 (67.7)	838 (16.7)	789 (15.7)	5031
Other or unknown	8767 (48.9)	2125 (11.9)	7019 (39.2)	17 911
<b>Ethnicity<sup>b</sup></b>				
Hispanic <sup>d</sup>	8048 (59.6)	1365 (10.1)	4098 (30.3)	13 511
Non-Hispanic	81 786 (60.4)	23 829 (17.6)	29 748 (22.0)	135 363
<b>Total<sup>e</sup></b>	<b>89 834 (60.3)</b>	<b>25 194 (16.9)</b>	<b>33 846 (22.7)</b>	<b>148 874</b>

<sup>a</sup> On duty as of December 31, 2021, reported through the 2021 National GME Census. A total of 170 programs (1.3%) did not provide updated information on residents by March 1, 2022. For these nonresponding programs, resident physicians reported from the last received survey were moved into their next year in the program or graduated.

<sup>c</sup> Self-identified as more than 1 race.

<sup>d</sup> A person of Hispanic ethnicity may be of any race.

<sup>e</sup> Applies to each subsection separately (ie, total for race and total for ethnicity).

<sup>b</sup> The 2021 National GME Census imported self-designated race and ethnicity from the Association of American Medical Colleges databases when available.



# ACGME 2021 new reporting categories

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ACGME obtains data provided by program directors who submit it to ADS via the resident roster. It contains 100% of the data set for residents in accredited programs. There has been a 25% historical rate of absence of race/ethnicity information obtained from the roster.

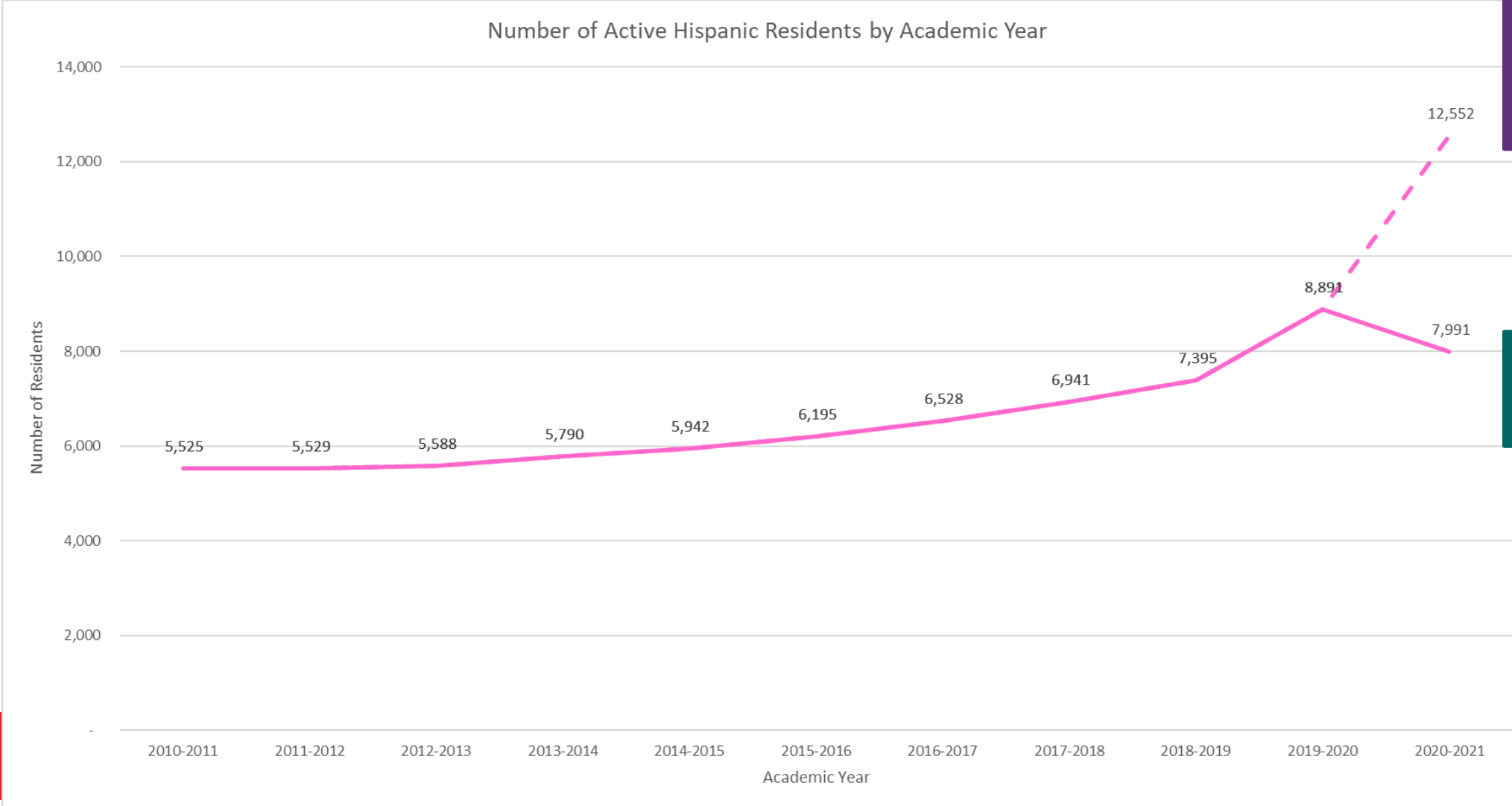
AAMC/AMA obtain their data from the annual GME survey (GME Track) which only has a 92-95% completion rate. These data are first-person reported and only lack race/ethnicity information for about 3-4% of residents.

In the current DSA protocol, ACGME sends its resident roster to AAMC, which then benefits both organizations. It categorizes multiple races as a mutually exclusive category, and treats Hispanic as a race such that an individual who checks Hispanic and any other race is counted as Hispanic. Last year, an individual who checked Hispanic and White was counted as multiracial, not Hispanic nor White. Last year's ACGME Hispanic data have since been updated to reflect the current categorization strategy.





# Number of Active Residents by Race/Ethnicity and Academic Year (Hispanic, Latino or of Spanish origin Breakdown)



**12,552**  
 (7,991 + 4,561 classified as Multiple Race/Ethnicity)  
 8.4% of Total Residents

**7,991**  
 (Hispanic, Latino or of Spanish origin ONLY)



**Table A-14.3: Race/Ethnicity Responses (Alone and In Combination) of Matriculants to U.S. MD-Granting Medical Schools, 2017-2018 through 2021-2022**

The table below displays the self-identified racial and ethnic characteristics of matriculants to U.S. MD-granting medical schools from 2017-2018 through 2021-2022.

"Alone" indicates those who selected only one race/ethnicity response. "In Combination" indicates those who selected more than one race/ethnicity response. Please email [datarequest@aamc.org](mailto:datarequest@aamc.org) if you need further assistance or have additional inquiries.

Matriculant Race/Ethnicity Responses		2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
American Indian or Alaska Native	Alone	42	39	44	36	40
	In Combination	163	179	186	212	187
	Alone or In Combination	205	218	230	248	227
Asian	Alone	4,481	4,787	4,687	4,803	5,153
	In Combination	685	699	744	740	851
	Alone or In Combination	5,166	5,486	5,431	5,543	6,004
Black or African American	Alone	1,505	1,540	1,627	1,767	2,124
	In Combination	270	316	289	350	438
	Alone or In Combination	1,775	1,856	1,916	2,117	2,562
Hispanic, Latino, or of Spanish Origin	Alone	1,383	1,350	1,412	1,524	1,575
	In Combination	912	969	1,054	1,154	1,294
	Alone or In Combination	2,295	2,319	2,466	2,678	2,869
Native Hawaiian or Other Pacific Islander	Alone	14	23	13	14	13
	In Combination	54	52	82	66	72
	Alone or In Combination	68	75	95	80	85
White	Alone	10,585	10,783	10,184	9,944	9,580
	In Combination	1,553	1,698	1,858	1,930	2,102
	Alone or In Combination	12,138	12,481	12,042	11,874	11,682
Other	Alone	388	381	379	470	480
	In Combination	309	346	338	380	404
	Alone or In Combination	697	727	717	850	884
Unknown Race/Ethnicity		765	394	1,073	1,094	798
Non-U.S. Citizen and Non-Permanent Resident		275	280	272	276	328
<b>Unduplicated Total Matriculants</b>		<b>21,338</b>	<b>21,622</b>	<b>21,869</b>	<b>22,239</b>	<b>22,666</b>



# Total PGY-1 residents 2012-22

Resident Ethnicity	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
American Indian or Alaskan Native	58	89	85	69	67	61	81	147	44	51
Asian								7,624	9,300	10,375
Asian or Pacific Islander	4,999	5,079	5,070	5,236	5,563	5,832	6,349			
Black or African American	1,462	1,408	1,366	1,458	1,449	1,546	1,700	2,129	2,321	2,694
Hispanic, Latino or of Spanish origin	1,310	1,372	1,484	1,563	1,712	1,770	2,035	2,494	3,276	3,957
Multiple Race/Ethnicity									1,585	1,700
Native Hawaiian or Pacific Islander								125	15	13
Other	1,609	1,517	1,483	1,516	1,575	1,619	1,986	2,327	965	1,283
Prefer not to report									33	57
Unknown	8,357	8,627	9,235	9,240	9,553	10,312	9,430	4,875	2,756	951
White	12,708	12,477	12,332	12,969	13,534	13,858	14,695	17,352	17,929	18,036
<b>Total</b>	<b>30,503</b>	<b>30,569</b>	<b>31,055</b>	<b>32,051</b>	<b>33,453</b>	<b>34,998</b>	<b>36,276</b>	<b>37,073</b>	<b>38,224</b>	<b>39,117</b>



# TY PGY-1 residents 2012-22

Resident Ethnicity	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
American Indian or Alaskan Native	2			5		3	1	5	2	1
Asian								314	424	454
Asian or Pacific Islander	163	153	147	127	128	164	264			
Black or African American	31	29	28	17	28	41	50	75	88	107
Hispanic, Latino or of Spanish origin	43	54	57	60	64	63	87	106	163	155
Multiple Race/Ethnicity									74	97
Native Hawaiian or Pacific Islander								3	2	1
Other	53	40	44	31	43	65	46	94	46	42
Prefer not to report										4
Unknown	412	427	325	375	336	407	419	213	58	28
White	480	476	488	462	511	577	665	787	836	878
<b>Total</b>	<b>1,184</b>	<b>1,179</b>	<b>1,089</b>	<b>1,077</b>	<b>1,110</b>	<b>1,320</b>	<b>1,532</b>	<b>1,597</b>	<b>1,693</b>	<b>1,767</b>



# ACGME Office of Diversity, Equity, and Inclusion

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**Thank you**